



R&R

INTERNATIONAL, INC.

1234 S. CLEVE-MASS ROAD
P.O. BOX 4383
AKRON, OHIO 44321
TEL. (216) 666-2200
FAX (216) 666-7874

September 17, 1992

US EPA RECORDS CENTER REGION 5



468018

Mr. Carl A. Malsom
ARCS Program Manager
WW Engineering & Science, Inc.
5555 Glenwood Hills Parkway South East
Post Office Box 874
Grand Rapids, Michigan 49588-0874

**Reference: Albion-Sheridan Township Landfill, Albion, Michigan
Drilling and Monitoring Well Installation**

Dear Mr. Malsom,

Please find the following documents enclosed:

- Five (5) executed unbound copies of the above referenced contract for your signature.

If you have any questions or comments in reference to the information provided please do not hesitate to contact the undersigned at (216) 666-2200.

Respectfully,

R & R INTERNATIONAL, INC.

Susan Lynn Hatfield
Corporate Operations Assistant

/slh

Environmental & Remediation Services - Drilling Services - Geotechnical Engineering - Material Testing - Computer Services

COLUMBIA, MD
(301) 992-5200

COLUMBUS, OH
(614) 237-5700

PITTSBURGH, PA
(412) 787-2700

ACORD.**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

4/1/92

PRODUCER

ALAN ROSS INSURANCE AGENCY
LAKEWOOD, OH 44107
REPATH ASSOCIATES, INC.
NASHVILLE, TN 37215

INSURED

R & R INTERNATIONAL, INC.
1234 S. CLEVELAND-MASSILLON ROAD
AKRON, OH 44321

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	COMMERCE & INDUSTRY INS. CO.
COMPANY LETTER B	U S F & G INSURANCE GROUP
COMPANY LETTER C	CRUM & FORSTER INSURANCE COMPANY
COMPANY LETTER D	ALL LIMITS ARE AT INCEPTION
COMPANY LETTER E	CLAIMS MAY REDUCE AGG. LIMITS

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CM3403526RA	3/20/92	3/20/93	GENERAL AGGREGATE \$ 5000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PROPERTY COMP/OP AGG. \$ 5000000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 5000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 5000000
	<input checked="" type="checkbox"/> EXPLOSION, COLLAPSE, AND UNDERGROUND				FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
B	AUTOMOBILE LIABILITY	1CP30005582200	10/30/91	10/30/92	COMBINED SINGLE LIMIT \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
C	EXCESS LIABILITY	R&R150 EXCESS AUTOMOBILE LIABILITY	4/1/92	10/30/92	EACH OCCURRENCE \$ 4000000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4000000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
A	OTHER CONTRACTOR'S POLLUTION LIABILITY	CPL71667700	3/20/92	3/20/93	5000000 EA. LOSS 5000000 TOTAL

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TO WHOM IT MAY CONCERN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

